



# SOUTH AFRICAN CONGRESS FOR EARLY CHILDHOOD DEVELOPMENT

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 Registered as a Not for Profit Organisation NPO Number 001-435

## ORGANISATIONAL AND ECD CENTRE MEMBERSHIP APPLICATION FORM

Membership R300

**ECD CENTRE MEMBERSHIP CERTIFICATE NUMBER:** \_\_\_\_\_

Centre Name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	NPO No. <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
Supervisor name <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>	CELL PHONE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>

**INFORMATION** THIS COMPLETED MEMBERSHIP FORM AND PROOF OF PAYMENT MUST BE SUPPLIED UPON APPLICATION

REGION	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
BRANCH	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
OTHER REG.	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
EMAIL	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
RESIDENTIAL ADDRESS	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
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	CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>
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**Bank Details**

SA Congress for ECD (Prov \_\_\_\_\_)

Bank: \_\_\_\_\_

Account number: \_\_\_\_\_

Branch: \_\_\_\_\_

Reference: ECD Centre Name

Application Date: \_\_\_\_\_

Member Signature: \_\_\_\_\_